Farm Labor Contractor License Application Guide

Division of Labor Standards Enforcement

1/20/2016

This guide is intended to be used as a reference or checklist while the applicant fills out the application. While this information will be relevant to the paper version of the FLC license application, this guide is organized according to the layout of the online application form. The online version of the application consists of 9 tabs or pages. This guide provides a detailed explanation of the various sections of each page. Following the explanation will be an image of that screen with a corresponding label for each section referenced in the guide.

Note that this guide mentions forms which are required to obtain necessary documentation. The online guide has links to the necessary forms and, where applicable, sample forms. It is the applicant's responsibility to properly file the necessary forms and obtain the required documentation before completing the FLC license application.

Most of the required forms can be found at: https://permits.dir.ca.gov/FLC_External/

Farm Labor Contractor Explanation

Page/Tab 1: Application		
Section	**Explanation**	**Required forms for each step**
1A	Input the legal entity name registered with the California Secretary of State's office for LLC or incorporation. If sole proprietor or partnership, use the name that appears on the applicant's drivers' license. Make sure to spell the name correctly.	
1B	Enter your physical business address. Do not provide a PO Box.	
1C	The mailing address need not be the same as the physical business address and *may* be a PO box.	
1D	Enter your federal registration number. Upload the legal entity federal registration card (not the employee federal registration card) which you obtained from the U.S. Department of Labor.	Federal Registration Application Form
1E	New applicants will not have a state employer ID# so leave this blank if you are a new applicant. Renewal applicants must provide their SEIN#.	
1F	Enter the federal employer ID (FEIN) number assigned by the IRS; do not confuse this with your SEIN.	
1G	Pick the appropriate business form. If the applicant is a corporation or LLC, more information will be required on the next screen. If the applicant is a partnership, then each partner is treated as an owner and will need his/her own FLC card. (An extra fee will apply for each extra card after the first one.)	
1H	If incorporated outside of California (including in another country) then you must file these documents with California Secretary of State.	Foreign Corporation Designation Form
1I	Make sure to select N/A if the applicant is not a corporation.	
1J	List the number of workers you currently hire/supply/refer.	
1K	List the total gross ANNUAL revenue for the PRIOR YEAR.	
1L	Attach your DE9 form from EDD showing payroll for all 4 quarters of the prior year.	DE9 Form

Below is a sample screenshot of the first page of the online application. The circled portions correspond to the sections of the explanation on the previous page. Note that you must fully complete the application. A portion may not be circled, because it is straight-forward and so requires no explanation. This does not mean that it does not need to be filled out. ALSO note that the bottom section on this page is optional.

Sole Proprietor or Legal Entity *

Doing Business As (DBA) 1A

Please indicate all DBA's for the last 3 years and check "Yes" if it is inactive.

Name of DBA	Inactive	Action
-- No DBA added --		

Add DBA

Physical Business Address: * 1B

Physical Business Address Line 2:

City

State * CA

Zip Code *

County *

Business Phone *

Mobile Phone

☐ Same as Business Address

Preferred Mailing Address for FLC: * 1C

Preferred Mailing Address Line 2:

City *

State * CA

Zip Code *

County *

Email * - DLSE will use this email to communicate with the FLC

1D

Certificate of Federal Registration #:

FRDocument.pdf ✕

1E 1F

State and Federal Employer Identification #:

SEIN

FEIN

Type of ownership of Farm Labor Contractor's Business (Check one only)

◉ Sole Proprietor ○ Partnership ○ Corporation ○ Limited Liability Company

1G

If incorporated or organized outside California, enter the date the Statement and Designation by Foreign Corporation were filed with California Secretary of State

1H

Date:

Is Corporation and LLC in good standing with California Secretary of State ?

1I

○ Yes ○ No ◉ N/A

If no Explain

Total Employees 1J

0

Total Gross Annual Revenue 1K

$ 0

1L

DEDocument.pdf ✕

Authorization for representative (Optional)

If you will be using an Authorized Representative please fill out the follwing:

Name

Address

City

State CA

Zip Code

Phone

Page/Tab 2: Company Record		
Section	**Explanation**	**Required forms for each step**
2A	If the applicant is incorporated or is an LLC, then provide the corporate ID, the date of incorporation, and the name (with correct spelling) which was provided to the California Secretary of State.	
2B	If the applicant is incorporated or is an LLC, then upload the corporation's articles of incorporation.	
2C	If the applicant is incorporated or is an LLC, then upload the corporation's statement of information.	Statement of Information & Articles of Incorporation
2D	Provide the name of the sole proprietor or each partner, corporate officer, or LLC member of the business.	
2E	Check "yes" in order to receive your FLC license card. Every license comes with one card. If there are multiple owners (such as partners in a partnership) then each owner must receive a card. Those additional cards must be paid for separately in the "fees" tab. Make sure to check "yes" for each owner.	
2F	Upload a legible scan of each owner's driver's license and that license must be current.	
2G	Upload a scan of each owner's signed sexual harassment disclosure statement (Form 403).	Sexual Harassment Disclosure Statement (DLSE Form 403)
2H	Upload a print-quality scan of a passport-size photo of each owner.	
2I	For each owner, indicate whether he/she will take the FLC exam during this license period. For any owner who will take the exam, select the language he/she wishes to take the exam in. Keep in mind that the exam is good for 2 years, so owners will only need to take it every other license period.	
2J	FLC license applicants must have their fingerprints on file. The State of California uses the "LiveScan" fingerprinting service. Applicants must input the date of their LiveScan fingerprinting.	LiveScan Application
2K	If the applicant employs or will employ anyone to supervise the work of its laborers or to manage its laborers, then that person's role, name, and job title must be added here.	
2L	Upload a scan of a signed sexual harassment disclosure statement (Form 403) for each person listed here.	
2M	Provide the contact information for the person who will train the applicant's employees about sexual harassment prevention. The trainer can be the applicant him/herself, or a supervisor employed by the applicant, or a third party.	

Below is a sample screenshot of the second page of the online application. The circled portions correspond to the sections of the explanation on the previous page. Note that you must fully complete the application. A portion may not be circled, because it is straight-forward and so requires no explanation. This does not mean that it does not need to be filled out.

Business Information - Labor Code 1684(a)(1)(B) requires a list of all Partners, associates, or profit sharers together with the amount of their respective interest

2A

Corporation or LLC ID *

Date Formed/Organized *

Corporate / LLC Name *

Articles of Incorporation/Organization

ArticlesOfIncorporation.pdf 2B

Statement of Information

StatementOfInformation.pdf 2C

Add All Owners Of The Company

Click the Add Owner button below to add new sections for each owner then fill in the required information.

Function	Name	FLC Card	Files to Upload	Take Exam/Language	Live Scan
Remove	2D	2E Yes	Driver License DL.pdf 2F SHD Statement SHD.pdf 2G Photo Photo.pdf 2H	2I Yes Spanish	2J Completed

Add Owner

Add All Owners and Supervisory Employees of the Company

Click the Add Individual button below to add new sections for each Leader then fill in the required information. A leader is anyone whose duties include the supervision, direction or control of agricultural employees.

The Supervisory Employee Sexual Harassment form can be downloaded from the state website and login page.

Function	Name	Title	Sexual Harassment Disclosure Statement
		-- No manager added --	

2K

Add Individual

2L

Training

Add the Sexual Harassment Prevention Training provider below.

Qualifications: Per the new statutory requirement, the training may be provided by either the licensee or an appropriate designee of the licensee. DLSE believes it is important that individuals tasked with providing training in sexual harassment prevention and identification be minimally qualified to provide such training. Licensees should ensure that designated trainers have knowledge of the procedures and practices in place for their operation that address any complaint or report by any employee of sexual harassment.

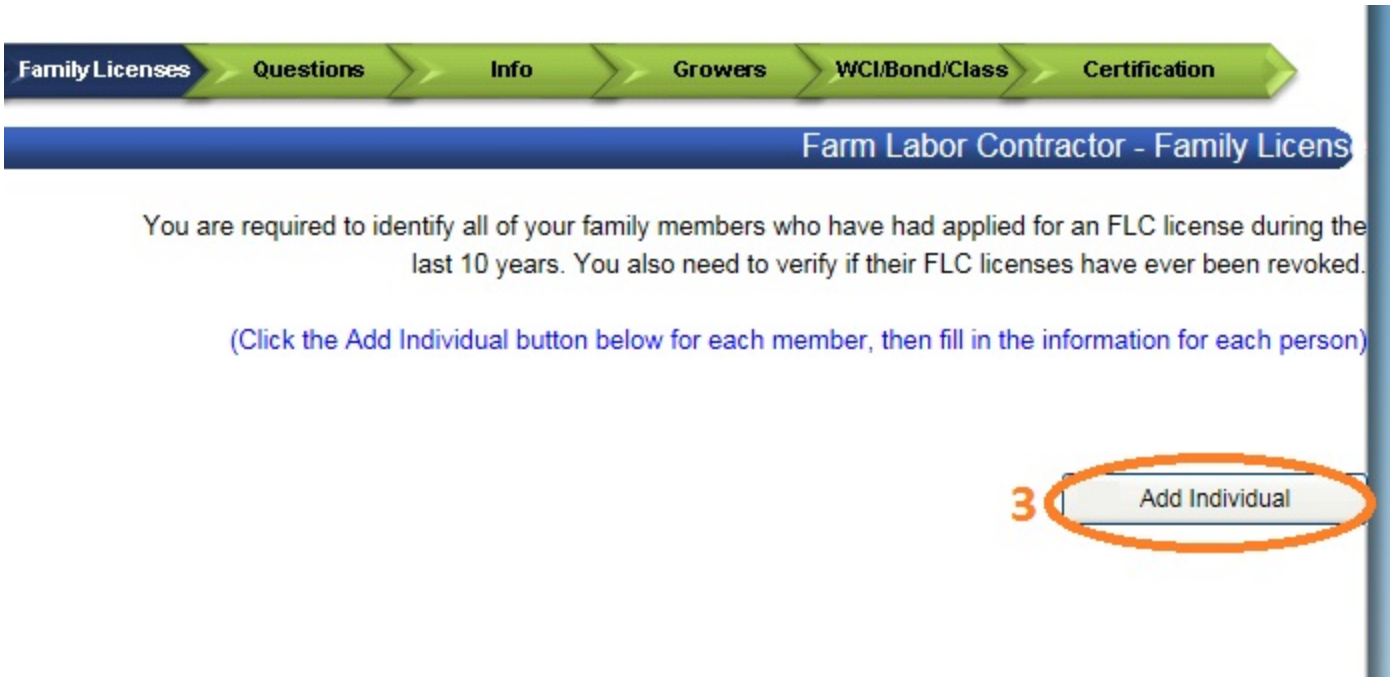
Function	Name	Address	Phone	Qualified Trainer
		-- No trainer added --		

2M

Add Trainer

Page/Tab 3: Family		
Section	**Explanation**	**Required forms for each step**
3	If anyone in your family has (in the past 10 years) applied for or received an FLC license, then input his/her information here. If the applicant is a corporation of any type and the officers are family members/spouses then there is no need to list them here. Only list family members if they have separately applied for or received their OWN FLC ID unrelated to the corporate applicant's application.	

Below is a sample screenshot of the third page of the online application. The circled portion corresponds to the explanation above.



Page/Tab 4: Questionnaire		
Section	**Explanation**	**Required forms for each step**
4A	Please answer all of the yes or no questions.	
4B	Please answer the yes or no question. If no is selected, then provide an explanation in the comment box in step 4C.	
4C	Make sure to list who will provide what services in the text box and provide all relevant information for each person (such as drivers' license numbers and phone numbers). If the applicant will only recruit/hire workers and not provide any other services, then provide the applicant's information here. If the applicant is a corporation, then provide the name of the corporate officer who will be responsible for recruiting/hiring workers or providing other services here.	
4D	If the applicant has, within the last ten years, been convicted of a crime related to worker safety or been found to have violated any of the other laws mentioned, then check "yes" where appropriate. NOTE that if the applicant has paid all wage claims or penalties, etc. then the applicant may check "no" in the appropriate box.	
4E	Even if the applicant has paid all wage claims or penalties, etc. he/she must still check "yes" here if it has violated an applicable law in the last 10 years. For example, the applicant may have been fined by CalOSHA for a safety violation and then paid the fine. If the applicant has no other outstanding judgments, it may check "no" for question (b), but it would still need to check "yes" for question (g) and provide an explanation in the box below and attach any relevant documentation.	
4F	Please answer truthfully and, if the answer is yes, attach documentation from the Department of Fair Employment and Housing.	
4G	Please answer truthfully and, if the answer is yes, attach documentation from the Department of Fair Employment and Housing.	
4H	Please provide an explanation if the applicant checked "yes" for ANY of the questions (not just the sexual harassment questions).	
4I	Upload whatever documentation is necessary to explain the infraction, or prove that fines where paid, etc.	

Below is a sample screenshot of the fourth page of the online application. The circled portions correspond to the sections of the explanation on the previous page. Note that you must fully complete the application. A portion may not be circled, because it is straight-forward and so requires no explanation. This does not mean that it does not need to be filled out.

Farm Labor Contractor please enter the information requested below.

Do you sell or intend to sell intoxicating liquors (including wine or beer) on the premises where you will operate as a Farm Labor Contractor ? 4A Yes No

Do you intend to transport your employees? Yes No

Do you intend to provide transportation for farm laborers who are not your employees? Yes No

Will you use the services of any individual and/or entity to recruit, solicit, hire, furnish, employ, or transport agricultural workers? (This includes but is not limited to foremen and crew bosses - If yes, please enter the data on the information page). 4B Yes No

If no, who will perform these duties ? 4C

Do any of the owners (sole proprietor, all partners, all corporate officers, LLC members and managing agents) or persons identified as having a financial interest in the business within the last 10 years :

(a) Owe any delinquent unpaid wages? Yes No

(b) Have any unpaid judgments outstanding? Yes No

(c) Owe payroll taxes, personal, partnership or corporate income taxes, Social Security taxes or disability insurance taxes? 4D Yes No

(d) Owe payments to a health or welfare fund, pension fund, or vacation plan, or other similar plan for the benefit of the employees, as agreed to with any employee or as agreed to pursuant to a collective bargaining agreement? Yes No

(e) Plead guilty or nolo contendere to or been convicted of a crime substantially related to working conditions or worker's health or safety, either misdemeanor or felony? (Note: The term **convicted** includes instances in which there was a suspension of sentence and probation granted, and where judicial dismissal proceedings under Penal Code Section 1203.4 et seq. were undertaken.) Yes No

(f) Had any license or permit issued pursuant to the Labor Code or Business and Professions Code or both that was suspended, revoked, or denied to him/her, or has any disciplinary action of any nature whatsoever ever been imposed upon him/her in connection with holding of any such license or permit? Yes No

(g) Violated or willfully aided or abetted any person in the violation of, or failed to comply with, any law of the State of California regulating the employment of employees in agriculture, the payment of wages to farm employees, or the conditions, terms or places of employment affected the health and safety of farm employees, which is applicable to the business, activities, or operations of the licensee in his or her capacity as a farm labor contractor. 4E Yes No

Have any of the owners (sole proprietor, all partners, all corporate officers, LLC members and managing agents), within the last three years:

a) Been found by a court or an administrative agency to have committed sexual harassment of an employee. 4F Yes No

b) Employed any supervisor, crew leader, mayordomo, foreperson, or any other employee whose duties include the supervision, direction or control of any agricultural worker whom the applicant knew or should have known has been found by a court of an administrative agency to have committed sexual harassment of an employee within the preceding three years. 4G Yes No

If "Yes" to any of the above, provide an explanation of circumstances and provide documentation as required to show evidence of the disposition of each "Yes" answer.

4H

Add Document 4I

Page/Tab 5: Information		
Section	**Explanation**	**Required forms for each step**
NOTE	This page will not automatically display which sections you must enter information into. Depending on your answers to previous questions, you will need to fill out various parts of this page. Most applicants will only need to fill out the first section which is where information must be listed for subcontractors used and any supervisory employees.	
5A	If the applicant answered yes to any of the previous questions regarding providing transportation, lodging and meals to workers, then the applicant must provide further information here. If the applicant intends to recruit/solicit/hire workers itself, then the applicant may ignore the first section. If the applicant will use another party to provide any of these services then list that party here. If that party currently operates, or has operated as an FLC, provide the FLC # and upload a legible scan of that party's FLC card. Provide the employee or subcontractor's farm labor employment history for the last 10 years in the "10 years" box.	
5B	If one of the services provided is lodging for workers, then input the address of the housing and the health license # of the party offering housing then upload a legible scan of the party's housing license. NOTE that even if the housing will be provided by the applicant, itself, this information is STILL required.	
5C	If one of the services provided is transportation, then input the information about the vehicle to be used, the owner of the vehicle and the insurer of the vehicle and then upload proof of liability insurance and a certificate from DMV.	
5D	If one of the services provided is transportation, then input the information for the intended driver(s) and upload a legible copy of his/her driver's license and a certificate of clear driving record from DMV.	
5E	If you operate any other business in connection with your FLC business or any business which benefits from or otherwise affects your FLC business then list that business here.	

Individual / Entity Used

Information on the individual and or entity you will use to recruit, solicit, hire, furnish, employ or transport agricultural workers.

(Click the Add entity button below to add a new row to be filled out)

5A

Add Entity

Labor Camps or Lodging

How many labor camps or lodging houses do you maintain or propose to maintain? Please add any/all using the add labor button below and fill out the information for each one.

(Click the add Labor button below to add a new row to be filled out)

5B

Add Labor

Vehicle

How many vehicles do you plan to use in transporting laborers? Please add any/all using the Add Vehicle button below and fill out the information for each one.

(Click the Add Vehicle button below to add a new row to be filled out)

5C

Add Vehicle

Drivers

How many drivers do you plan to use in transporting laborers? Please add any/all using the Add Driver button below and fill out the information for each one.

(Click the Add Driver button below to add a new row to be filled out)

5D

Add Driver

Other Business

List the business conducted in conjuction with the farm Labor Operation. Please add any/all using Add Business button below and fill out the information of each one.

(Click the Add Business button below to add a new row to be filled out)

Add Business

Page/Tab 6: Growers		
Section	**Explanation**	**Required forms for each step**
6A	Applicants must have at least one grower with whom it works with. List the contact information for that grower here.	
6B	List all counties to which the applicant will dispatch workers.	
6C	Upload a certificate of registration or application for each county.	County Registration Form

Add a grower by clicking the "Add Grower" link below

Function	Grower Name	Farm Address	Mailing Address
Edit Remove	Written contracts - Yes		

6A

Add Grower

If you have more than 10 Growers use this link to upload a list of all growers - [More than 10] Upload Growers Link

Add the counties you do business in or plan to do business in by clicking the "Add County" link below

Function	County Name	Certificate
Edit Remove	KERN	County.pdf
Edit Remove	TULARE	County.pdf
Edit Remove	MADERA	County.pdf
Edit Remove	Fresno	County.pdf

6B 6C

Add County

Page/Tab 7: WCI/Bond		
Section	**Explanation**	**Required forms for each step**
7A	Upload a legible scan of the applicant's worker's compensation certificate. The insurance carrier name and expiration date must match that listed on the worker's compensation certificate. The "Certificate Holder" must be listed as the: Division of Labor Standards Enforcement, Licensing and Registration Unit, PO Box 420603, San Francisco, CA 94142.	
7B	The insurance carrier name and expiration date entered into the boxes must match those contained in the worker's compensation certificate.	
7C	NEW APPLICANTS must attach scans of all of the original signed bond documents. Renewal applicants need only provide proof of a current bond. The information must match that listed on the application.	
7D	The bond must be $25K for new applications and $25K for renewals where the payroll is up to $500K, $50K if the payroll is $500K - $2 million, and $75K if the payroll is over $2 million.	
7E	The information must match what is in the attachment. Even though the application asks only for the effective date of the bond, the bond must be current. The attachment must contain proof that the bond is current.	
7F	Only the instructor may access this part of the application. NOTE that at least one owner must take the FLC class each year.	
7G	Starting in 2015, the requirement is to complete 9 hours of FLC training per year.	
7H	Training must be conducted by an approved provider.	
7I	If the applicant has taken the exam, the date and results will appear in this section. Keep in mind that the exam is good for two years so applicants will only need to take the exam every other year. Applicants should keep their own records so that they know when they need to retake the exam.	

Below is a sample screenshot of the seventh page of the online application. The circled portions correspond to the sections of the explanation on the previous page. Note that you must fully complete the application. A portion may not be circled, because it is straight-forward and so requires no explanation. This does not mean that it does not need to be filled out.

Workers Compensation Insurance (WCI)

You are required to upload a copy of your WCI information *

Please attach a copy of your WCI by clicking this link. * WCI.pdf 7A

Name of WCI Carrier * 7B

Expiration Date

(If self insured attach you certificate using the upload WCI link above)

Bond Information

You are required to upload a copy of your Bond information *

Please attach a copy of your Bond by clicking this link. * Bond.pdf 7C

Bond Amount $ 7D

Surety Company 7E

Effective Date

Class Verification

DATE 7F	HOURS 7G	INSTRUCTOR 7H	INSTRUCTOR NOTES

Generate Document For Test

Exam Results

DATE 7I	NAME	VERSION	PASS/FAIL

Add Results

Page/Tab 8: Payment		
Section	**Explanation**	**Required forms for each step**
8A	Call our office (See contact information below) before submitting payment. There may be an extra fee or, alternatively, the applicant may not have to pay for the exam if the applicant took the exam the prior year. NO REFUNDS are given so please confirm what fees apply BEFORE paying.	

Pay Fees

* Review the selected fees to be paid and the amount due.
* Click on: "Pay Fees" to proceed to the payment screen
* Otherwise, Click Back to exit.

My Cart		
Quantity	Item Description	Amount
	Sub total :	$0.00

8A

Back Payment

Paid		
Date	Item Description	Amount
01/29/2015	License Fee	$600.00
01/29/2015	Examination Fee	$184.00
01/29/2015	Filling Fee	$10.00
	Sub total :	$794.00

Page/Tab 9: Certification		
Section	**Explanation**	**Required forms for each step**
9A	Make sure to check this box.	
9B	If the applicant is incorporated, then the name will be that of one of the owners.	

I am/We are aware of the responsibilities as licensee and agree to operate as a farm labor contractor in compliance with the provisions of the California Labor Code and applicable regulations, including provision of adequate safeguards for health and safety of workers, and specifically, worker safety requirements related to agricultural working conditions, including heat illness injury prevention and pesticide use and exposure, and will comply with all applicable requirements: and will provide all protective measures, materials and equipment necessary to comply with heat illness injury prevention requirements (see Title 8, California Code of Regulations, Section 3395) at each work site where work is to be performed. Also will provide proper payment to workers, and certify that I/we have provided all facts required by the Labor Commissioner to make its determination to issue a license to operate as a farm labor contractor as to my/our character, competency, responsibility and the manner in which I/we propose to conduct operations.

I am/We are aware of the provisions of the Labor Code and applicable regulations regarding the grounds for revocation, suspension, refusal to renew and/or issue a license to operate as a farm labor contractor.

I/We attest that all supervisorial employees, including supervisors, crewleaders, mayordomos, forepersons, and any others whose duties include the supervision, direction, or control of agricultural employees have been/will be trained for at least two hours each calendar year in the prevention of sexual harassment in the workplace.

I/We attest that all new non-supervisorial employees, including agricultural employees, have been/will be trained at the time of hire and that all non-supervisory employees have or will receive training in identifying, preventing, and reporting sexual harassment in the workplace at least once every two years.

I/We hereby certify, under penalty of perjury, that the foregoing statements are true and correct.

ANY MATERIAL MISPRESENTATION IS GROUNDS FOR DENIAL, OR SUBSEQUENT REVOCATION OF A LICENSE.

9A

☑ **I certify that all of the above is true and correct.**

9B

Date: Name:

Add Document